| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 97/854864 | | | | | | | | | |
|--|-----------------------|----------------------------------|---------------------------------------|--------------|------------------------|-------------|-------------|------------------------|--------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | ENTITY | OR | OTHER | R THAN ENTITY | |
| TOTAL CLAIMS | 183 | | | TYPE | FEE | ٦ | RATE | FEE | Ì |
| FOR | NUMBER FILE | ED NUM | ABER EXTRA | BASIC F | | | BASIC FEE | | 740.00 |
| TOTAL CHARGEABLE CLAIMS | 83 minus | 20- | 63 | X\$ 9 | | 7 | | 1/34.00 | |
| INDEPENDENT CLAIMS | 90 minus 3 = (0 (7) | | | - | +- | | <u> </u> | 11/5 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | X40= | <u> </u> | OR | X8 ⊭ | 504.00 | |
| | | | | | 3 | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | L | | TOTAL | 2,37 | 8.00 |
| CLAIMS AS AMENDED - PART II | | | | | | | OTHER | | |
| (Column 1) CLAIMS | | (Column 2) HIGHEST | (Column 3) | SMAL | L ENTITY ADDI- | OR 7 | SMALL | ADDI- | |
| REMAINING AFTER AMENDMENT Total • 83 Independent • 10 9 | | NUMBER PREVIOUSLY PAID FOR | PRESENT. EXTRA | RATE | | | RATE | TIONAL FEE | |
| Total 83 | Minus • | <u>.</u> . | a | X\$ 9= | | OR | X\$18= | | |
| Independent • 10 A | 1, | •• | = ' | X40= | | OR | X80- | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | ** | ┪┈ | +270= | | · |
| Imord | | | | | | OR | - TOTAL | | , |
| (Column (| 44 | Column 2) | (Column 3) | ADDIT. FI | | _ OR | ADOIT. FEE | , | · |
| COAIMS. REMAINING AFTER AMENDMENT Total Independent Independent Total | | NUMBER PREVIOUSLY PAID FOR | PRESENT. EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total • 83 | Minus | 83 | · Ø1 | X\$ 9= | | OR | XST= | 1 | |
| Independent • / @ | Minus | 9 | - / | X40= | X | OR | 300 X | DOD.a | |
| FIRST PRESENTATION OF N | IULTIPLE DEPEN | DENT CLAIR | | 105 | V | 4 | · · · | 130. | |
| | | | | +135= | _# | OR | +270= | 000 00 | |
| be a second | | | | ADDIT. FE | Ē | JOR | ADDIT. FEE | | · |
| ESE CALL SIZE | - W 0 - 1 | Column 2) Highest | (Column 3) | | LADDA | • | | 1001 | |
| Total Independent | ŗ | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FRE | |
| Total | Minus | | a ***: / | X\$ 9= | | OR | X\$18= | ' 7 | |
| independent . | Mirius | | a | X40= | 1 | • | X80= | | |
| PINST PRESENTATION OF MULTIPLE DEPENDENT COM | | | | | + | OR | | · · | |
| If the intry in polumn 1 is less than the entry in column 2, write "0" in column 3. | | | | | | OR | +270= | | |
| TOTAL TOTAL OR TEST ON THE POWN OF THE THE POWN OF THE TEST OF THE | | | | | | | | | |
| The Highest Number Previously Pr | id For" (Total or ind | ebeug ug) le g | ne highest number t | found in the | appropriate b | ax in co | Aumi 1 | | |
| | | | · · · · · · · · · · · · · · · · · · · | ` | • | | | | ŀ |

Patient and Tredemark Office, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number